

EXHIBIT B: FORM FOR CONTRACTOR CERTIFICATION

SECTION ONE: I am supplying this certification in conjunction with the application of _____ to the State of Hawaii for a wind resistive device grant.

SECTION TWO: I installed and inspected the wind resistive devices checked below at the following address and Tax Map Key:

Address:

Tax Map Key of the Property:

The wind resistive devices I inspected fall into the following category/categories (check each one that is applicable) and that each has been fully installed prior to the date of this certification:

- _____ Uplift restraint ties at roof ridges and roof framing members to wall or beam supports;
- _____ Fastening of existing or new roof sheathing and roof decking for high wind uplift;
- _____ Impact and pressure resistant exterior opening protective devices (residence) and/or
- _____ Impact and pressure resistant exterior opening protective devices (attached garage);
- _____ Wall to foundation uplift restraint connections strengthening for wood foundation posts on footings
- _____ Residential Safe Room

Name of owner / grant applicant:

Name of contractor / installer:

Contractor License Number:

Address of contractor / installer:

Phone Number of contractor / installer:

Date of Installation: _____

SECTION THREE: I represent to the State of Hawaii and the grant applicant that: (a) I have read and understood the Loss Mitigation Grant Program Guidelines and the Wind Resistive Devices Grant Program Technical Specifications Version 2.0, (b) the wind resistive devices for which a grant is being sought by this applicant meet all the requirements of the Wind Resistive Devices Grant Program Technical Specifications Version 2.0; and (c) I am a licensed contractor in the State of Hawaii.

Under the penalties of perjury, I hereby swear or affirm that the information in this certification is true and correct to the best of my knowledge and belief:

By: _____

Dated: _____